

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

FILED CALIFORNIA **460**
2001/02 FORM

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure
 State Candidate Election Committee Controlled
 Recall Sponsored
(Also Complete Part 5)

General Purpose Committee

Sponsored
 Small Contributor Committee
 Political Party/Central Committee

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alice Patino for City Council

I.D. NUMBER

1227669

Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2450 Professional Pkwy, Suite 220

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93455 805-346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
2151 S. College Drive, Suite 101

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93455 805-922-4881

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/12/07 Date

By Trent Benedetti Signature of Treasurer or Assistant Treasurer
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Official Sponsor

Executed on _____ Date

Executed on _____ Date

Executed on _____ Date

Type or print in ink.

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2		
CALIFORNIA 460		
FORM		
Page <u>2</u> of <u>5</u>		

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member City of Santa Maria

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

2450 Professional Pkwy, Suite 220 Santa Maria, CA 93455

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICERHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF TREASURER	CONTROLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICERHOLDER OR CANDIDATE
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICERHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICERHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICERHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICERHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions	Schedule A, Line 3	\$ 500.00	\$ 500.00
2. Loans Received	Schedule B, Line 3	\$ 500.00	\$ 500.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 500.00	\$ 500.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 500.00	\$ 500.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 500.00	\$ 500.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 600.25	\$ 600.25
7. Loans Made	Schedule H, Line 3	\$ 600.25	\$ 600.25
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 600.25	\$ 600.25
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 600.25	\$ 600.25
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 600.25	\$ 600.25
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 600.25	\$ 600.25

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 3083.70	
13. Cash Receipts	Column A, Line 3 above	\$ 500.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 600.25	
15. Cash Payments	Column A, Line 8 above	\$ 2983.45	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 600.25	

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date

To calculate Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Monetary Contributions Received

CALIFORNIA FORM 460

Statement covers period
from 01/01/07 to 06/30/07

Amounts may be rounded
to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 500.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 500.00**

*Contributor Codes

IND – Individual	COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g. business entity)	PTY – Political Party
SCC – Small Contributor Committee	

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/01/07</u>		CALIFORNIA FORM 460
through <u>06/30/07</u>		Page <u>5</u> of <u>5</u>
		I.D. NUMBER <u>1227669</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(If Committee, also enter ID number)

NAME AND ADDRESS OF PAYEE (If COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Charles Porter 10200 Alamo Creek Rd. Santa Maria, CA 93454	RFD		500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 500.00
2. UnitIALIZED payments made this period of under \$100 \$ 100.25
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 600.25**